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Application to Teacher Education Course

STEP 1:

Official Transcripts verifying high school graduation, and/or college work/degrees, and previous Montessori training (have these sent directly from the institutions to MWTP at the address above).

THESE MUST BE RECEIVED AND REVIEWED BY THE PROGRAM before moving on to Step 2. Please call the Program to confirm receipt.

STEP 2:

Make an enrollment appointment with Cathy Smythe.

BRING THE FOLLOWING with you to your appointment:

1. This completed application form and the \$200. non-refundable registration fee.
2. A brief essay (250-word minimum) about your experience with Montessori education and why you wish to take the training.
3. 2 copies of previous teaching credentials and employer verification of classroom experience (6-9 applicants only).

ENROLLMENT OPTION: (CHECK ONE)

- AMS CREDENTIAL COURSE --EARLY CHILDHOOD (2 ½ - 6)**
 AMS CREDENTIAL COURSE --ELEMENTARY LEVEL 1 (6 – 9)
 SUMMER PHASE ONLY --EARLY CHILDHOOD (2 ½ - 6)
 SUMMER PHASE ONLY --ELEMENTARY LEVEL 1 (6 – 9)

NAME _____ BIRTHDAY _____
First Middle/Maiden Last Like to be called?

ADDRESS _____ SOCIAL SECURITY NUMBER _____
Street City State/Zip

PHONE (____) _____ (____) _____ CITIZENSHIP _____
Home Work

FAX (____) _____ EMAIL ADDRESS _____

MARITAL STATUS _____ SPOUSE NAME _____ CHILDREN _____
Name/ages

EDUCATIONAL BACKGROUND: HIGH SCHOOL _____
Name City State Date Graduated

COLLEGE/UNIVERSITY NAME AND LOCATION	MAJOR FIELD	UNITS COMPLETED	DIPLOMA/DEGREE	DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TEACHING CREDENTIALS/CERTIFICATES

NAME OF CERTIFICATE	NUMBER	ISSUING AGENCY	DATE	EDUCATIONAL INSTITUTION
_____	_____	_____	_____	_____

EMPLOYMENT EXPERIENCE (START WITH MOST RECENT)

NAME	CITY/STATE	JOB TITLE	DATES (FROM – TO)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE GIVE A BRIEF DESCRIPTION OF YOUR EXPERIENCES WITH CHILDREN AS A PAID PROFESSIONAL OR VOLUNTEER.

REFERENCES (Persons familiar with your academic or employment performance) PLEASE PROVIDE COMPLETE INFORMATION. Recommendation forms will be sent directly to your references by the program.

1. NAME _____ PHONE (____) _____

TITLE/RELATIONSHIP _____

ADDRESS _____
STREET CITY STATE, ZIP

2. NAME _____ PHONE (____) _____

TITLE/RELATIONSHIP _____

ADDRESS _____
STREET CITY STATE, ZIP

3. NAME _____ PHONE (____) _____

TITLE/RELATIONSHIP _____

ADDRESS _____
STREET CITY STATE, ZIP

STUDENT ENROLLMENT APPOINTMENT CHECKLIST: I have with me . . .

OFFICE USE ONLY: REFS _____
Amt. \$ _____ Date _____
CK# _____ B# _____

- My brief essay
- My check for \$ _____ non-refundable registration fee
- 2 copies of teaching credentials (6 – 9 applicants only)
- Employer verification of work experience in a school setting (if any)

I have requested official copies of my transcripts (and have called the Program for verification of receipt and assessment of my eligibility)

SIGNATURE: _____ DATE _____